

Additions to PCP Group Agreement Update Form

This form is for Primary Care Physician (PCP) Groups that are currently enrolled in the Alabama Coordinated Health Network (ACHN) program and would like to add their individual providers or mid-level extenders to the enrollment. (Note: A **Disenrollment Request Form** is still required to close the PCP Group's and provider's Medicaid file. This form only applies to **PCP Group Agreement** updates).

Mid-Level Extender Requirements:

- The PCP must be the mid-level extender's collaborating PCP.
- The Extender must be currently enrolled with the same practice and at the same location(s) as the PCP.

PCP/Group Name: _____ NPI: _____ MCD: _____

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<i>Name</i>	<i>NPI Number</i>	<i>Medicaid ID Number</i>	<i>CRNP/NP/PA Name</i>	<i>ID/MCD Number</i>

Add PCP: _____

Remove PCP: _____

Add Mid-Level Extender: _____ Remove Mid-Level Extender: _____

This **Update Form** can be submitted through the Medicaid Interactive Secure Web Portal. Select **TRADE FILES/FORMS**, and then send to **Provider Enrollment**.

- Upload document directly to the Medicaid Interactive Web Portal.

PMP or Designee's Signature: _____ Date: _____